

EMPLOYEE INSTRUCTIONS

For Requesting Compensation



TYPES OF COMPENSATION:

If you are disabled as a result of a work-related injury or occupational illness, there are a number of compensation options available, including:

- Temporary Disability Compensation.
- Permanent Disability Compensation.
- Schedule Awards for permanent loss of body part or function.

If you die as a result of a work-related injury or occupational disease, your family may be entitled to:

- Survivor Death Benefits.

COMPENSATION FOR LOSS OF WAGES:

- Compensation for loss of wages may not be paid until after a three-day waiting period, except when permanent effects result from the injury or where the disability causing wage loss exceeds 14 calendar days.
- Compensation is generally paid at the rate of 2/3 of the salary if the employee has no dependents and 3/4 of the salary if one or more dependents are claimed.

PROCESS:

1. Depending on the type of compensation claim that you are making, you will need to complete the following forms:
 - [CA-7](#): Used for temporary disability compensation, schedule awards, and other wage loss. Also used for processing "leave buy back requests." [See FAQ #8.](#)
 - [CA-7a](#): Used when claiming compensation for more than one consecutive period of leave, and to repurchase paid leave.
 - [Direct Deposit Authorization](#) form.
 - [CA-20](#): Attending Physician's Report.
2. Forward these forms to your supervisor for certification.
3. Your supervisor is required to process your claim for compensation **within five (5) workdays** to the Department of Labor (DOL) through ARC.
4. In addition to submitting the CA-7 documentation, it is necessary to submit supporting medical documentation that substantiates that disability exists for the timeframe claimed. A CA-20, or similar medical evidence in narrative form should be submitted. If this information is not included in the initial claim submittal, the ARC WC Specialist may request that you provide additional medical evidence for submittal to the DOL.
5. Upon receipt of the CA-7 and supporting documentation, a compensation payment will be approved and issued (payment processing occurs on Fridays) by the DOL.
6. If your documentation is incomplete, or the medical evidence is insufficient, you will be sent official correspondence from the DOL outlining what information is needed.

SCHEDULE AWARDS:

Permanent impairment to certain parts of the body will entitle the claimant to an award of compensation payable for a set number of weeks.

A schedule award can be issued in addition to an award for wage loss; however, it is paid consecutively not concurrently if it is related to the same impairment for which wage loss compensation is paid.

A schedule award can only be requested when the employee has been determined to reach maximum medical improvement.

PROCESS:

1. Complete the [CA-7](#) or provide a narrative request for a schedule award.
2. Complete a [Direct Deposit Authorization](#) form.
3. Your supervisor does not need to sign the CA-7. Forward the information directly to the ARC WC Specialist for processing.
4. Provide supporting medical evidence of impairment from your physician, following AMA Guidelines on Impairment.

SURVIVOR BENEFITS:

Your family should be made aware that they might be entitled to survivor benefits if you die as a result of a work-related traumatic injury or occupational disease. An allowance of up to \$800 may be paid for funeral expenses. If your death occurs away from your home, transportation expenses may be paid. Your supervisor will complete an Official Superior's Report of Employee's Death (CA-6) and will forward it to the DOL through ARC.

The following forms will need to be completed by your family member(s):

- Claim for Compensation by Widow, Widower, and/or Children (CA-5) and Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren (CA-5b), should be submitted to file for survivor benefits.

Both forms have the following filing requirements:

- Claims must be filed within three years following the date of death.
- Certified documents pertinent to the type of claim must accompany the form: Birth and death certificate of the deceased, marriage certificate, birth certificate or adoptions documents of surviving children, birth certificates of parents and siblings and any letters of guardianship.
- Attending Physician's Report section of the form must be completed and signed.

REFERENCE: [CA-550, Questions and Answers about the Federal Employee Compensation Act \(FECA\)](#) (LINK: <http://www.dol.gov/esa/regs/compliance/owcp/INDEXofResources.htm>.)

**QUESTIONS?? Contact the ARC WC Specialist at (304) 480-8229
or email questions to WorkersComp@bpd.treas.gov**